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Hepatitis Update is brought to you by the Division of Disease Control and Health Protection, Bureau of Communicable Diseases, STD & Viral Hepatitis Section at the Florida Department of Health.

If you have a news item or photo you would like to submit, email the editor at:

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Hepatitis Update

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Shine a Light on Sieglinde Campbell

By Donna Wheeler

I recently paid a visit to the Florida Department of Health (DOH) in Baker County and met with Sieglinde Campbell. What I have discovered every time I go to a local health department is the nurses wear many hats, and Sieglinde's hat rack is quite full. Not only is she the director of nursing, she also oversees many areas including the Hepatitis 09 Program, STD, Epi, TB and Immunization, just to name a few.



Donna Wheeler

Sieglinde has been with the DOH in Baker County for 20 years and provides educational classes within the clinic, in addition to speaking engagements and presentations in her community. She feels that by providing screening and preventive care for adults at-risk for viral hepatitis, it enables the health department to offer hope to many people who are struggling with health issues.

Sieglinde considers all of her co-workers as family because in her words, "They truly care about the patients and go above and beyond the call of duty to provide the best service possible."

She is also an ordained minister and serves as an associate pastor at a local church. Sieglinde and her husband have two sons and a schnoodle dog named Hans. (A schnoodle is a cross between a schnauzer and a poodle.)



Vicky Carrigg (left) and Sieglinde Campbell from the DOH in Baker County



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Hepatitis C Testing & Treatment History

By Phil Reichert



Phil Reichert

As we observe the twenty-fifth anniversary of the initial discovery and announcement of the existence of hepatitis C, I wanted to recount a few important dates in our known history of the disease. Until 1989, researchers and scientists knew of the existence of a virus that caused hepatitis (inflammation of the liver) that was neither hepatitis A nor hepatitis B.

Although descriptions of jaundice outbreaks provide evidence of hepatitis thousands of years ago, it was not until 1970 that hepatitis B was identified under an electron microscope. Hepatitis A was originally called infectious hepatitis, and hepatitis B was known as serum hepatitis. The “other” hepatitis was called non-A non-B until 1989.

There are several genotypes of hepatitis C, but the most common ones in the United States are genotypes 1, 2 and 3. In 1991, interferon, a naturally occurring substance discovered in the 1950s to have anti-viral properties, was first used to treat hepatitis C. It had a nine percent sustained viral response (SVR), or success rate, in individuals with genotype 1. For genotypes 2 and 3, interferon had a 30 percent SVR.

It was not until 1992 that effective screening of donated blood and blood products for hepatitis C began in the United States. Therefore, like HIV, the chances of becoming infected from donated blood, organs or blood products is nearly zero after that date. It is important to note that for anyone who received a transfusion before 1992, and who has never been tested, should be tested for hepatitis C.

In 1998, ribavirin was added to interferon to treat hepatitis C. The SVR increased to 30 percent for genotype 1 patients and to 60 percent for genotypes 2 and 3 patients. Ribavirin inhibits viral replication differently than interferon. With the double-punch of both drugs, a “cure” for hepatitis C became reality in many infected individuals.

By 2001, pegylated interferon with ribavirin became the standard of care (SOC) for treating hepatitis C. The pegylation process keeps the interferon in the body longer so it can continue to act against the hepatitis C virus (HCV). It required only one injection per week, rather than the three injections required each week without it. Pegylated interferon with ribavirin increased treatment success rates to 40 percent in genotype 1 patients and about 80 percent in genotypes 2 and 3 patients.

In June 2010, the Food and Drug Administration (FDA) in Washington, DC, approved the rapid test for antibodies to hepatitis C. Individuals could be given test results in about 20 minutes instead of waiting up to two weeks.

In 2011, the three-drug therapy of either teleprevir or boceprevir plus pegylated interferon and ribavirin was approved by the FDA. The three-drug regimen led to a 60 to 80 percent SVR for genotypes 1 and around 90 percent for genotypes 2 and 3.

In late 2013, the FDA approved two new drugs, sofosbuvir and simeprevir, either of which could be used with the SOC pegylated interferon and ribavirin. This resulted in a nearly 100 percent SVR, or cure, for hepatitis C. Generally, if a treated person remains virus-free six months after undergoing therapy, their sustained viral response basically equals a cure.

Interferon has always been associated with severe side effects in people who use the drug. The most prominent is depression. It also may cause severe lethargy and flu-like and other symptoms. The positive part of the most recent three-drug therapy for hepatitis C is that infected individuals need only take the medications for 12 weeks instead of the previous 24 to 48 weeks.

A significant drawback to the new three-drug SOC is the cost. In 2014, a 12-week regimen of pegylated interferon, ribavirin and boceprevir costs about \$90,000. However, for those infected people facing cirrhosis, liver cancer or a liver transplant, that may be a small price to pay.

More good news is the FDA recently approved an all-oral, interferon-free treatment for hepatitis C. In drug trials, the oral regimen approached a 100 percent success rate of curing hepatitis C. An upside: in some, the treatment time may be reduced from 12 to 8 weeks. A downside: after an infected person is cured, they risk reinfection if they continue the behavior or behaviors that led to their initial infection.

Tommy Chandler Excellence Award

By Adrian Cooksey, STD and Viral Hepatitis Section Administrator

According to Wikipedia, a superhero is “a type of hero character possessing extraordinary talents, supernatural phenomena, or superhuman powers and is dedicated to protecting the public.” I would like to honor the superheroes of intervention, the masked vigilantes, the Justice League of Florida, the nationally recognized Florida Disease Intervention Specialist (DIS). It is an honor to be among the individuals willing to risk one’s own safety in the service of good without expectation of reward. I truly thank each of you for promoting the mission, vision, and values of the Florida Department of Health. You are appreciated! You are revered! You are a DIS!



Adrian Cooksey

In the spirit of recognition, the STD and Viral Hepatitis Section presents the “Tommy Chandler Excellence Award” to persons who exhibit outstanding dedication to disease intervention. It is the highest award specific to the STD DIS workforce that one can receive from the Florida STD and Viral Hepatitis Section. In 11 years of nominations, I am extremely proud to announce the first **all-female**, top performing class! The adjectives used to describe these women are: *resourceful, determined, disciplined, professional, accountable and efficient*. **Rowena Salonga, Jamie Sorkness, Sonja Small and Antoinette “Toni” James**, also known as the Fantastic Four, surpassed performance expectations for disease intervention, partner and cluster indices while exemplifying the core values of the Florida Department of Health.

It was a close race; however, I’m happy to announce that **Sonja Small** is the 2014 recipient of the prestigious “Tommy Chandler Excellence Award.” Ms. Small is a member of the dynamic Duval County team. She is known to “do everything possible to locate and provide her clients with excellent service through innovative thinking and persistence.” Her leadership and dedication is outstanding and we applaud her commitment to protecting the health of people in Florida.



Left to right: Dr. Kelli Wells, Dr. Max Wilson, Clement Richardson, Toni James, Sonja Small, Tommy Chandler, Gale Tucker-Disney and Rowena Salonga. Not shown: Jamie Sorkness

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Chattahoochee River Park Intertribal Pow Wow

By Leroy A. Jackson Jr., HIV/AIDS Program Coordinator, Area 2B

On Saturday, October 11, the DOH in Leon County, STD/HIV Division, teamed up with the Neighbor Health Center to participate in the annual Chattahoochee River Park Intertribal Pow Wow. Our teams provided information on hepatitis, HIV/AIDS and STDs. This is just one example of our collaboration with other outreach programs, particularly our federally qualified health centers.

The Disease Intervention Specialists for Leon County who worked at the Pow Wow were **Chris Douglas, Bonnie Lott and Darnell Brooks**. Other team members included **Tifini Austin**, Area 2B Sexual Violence Prevention Program Director, and **Joseph Ward**, Area 2B HIV/AIDS Prevention Training Consultant.

Wikipedia defines Pow Wow as: "A gathering of Native Americans. The word derives from the Narragansett word *powwaw*, meaning *spiritual leader*." The annual Chattahoochee River Park Intertribal Pow Wow featured Native American drumming, singing, dancing, crafts and more.



Leroy Jackson (left) with Javier Gallard, Director of Community Outreach for the Neighborhood Health Center



Tifini Austin



Chris Douglas & Bonnie Lott



Darnell Brooks

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Jacksonville Town Hall Meeting

By April Crowley

On September 16, 2014, The Balm In Gilead, Inc., a not-for-profit organization based in Richmond, Virginia, held a town hall meeting in Jacksonville, Florida. This community action forum focused on hepatitis C (HCV) and the CDC recommendation that all baby boomers, those born from 1945-1965, get tested for HCV.

Staff members from the DOH in Duval County attended including Dr. Kelli Wells, who was one of the keynote speakers. Dr. Wells talked about how important it is for at-risk adults to get screened for hepatitis C. In 2013, the Florida Department of Health tested 23,442 Floridians for hepatitis C. Of this number, ten percent were positive. As a result, these people now know their status and what they can do to keep their livers as healthy as possible. The first priority is to get vaccinated for hepatitis A and for hepatitis B. In 2013, DOH vaccinated a total of 11,459 adults in our state for hepatitis A and for hepatitis B.

Another speaker was Pam Langford, President of Hepatitis Education Awareness and Liver Support (HEALS of the South) in Tallahassee. Ms. Langford stated it is her hope that by educating the public, we can help prevent all forms of hepatitis.

One of the highlights of the event was a performance by Grammy award winner VaShawn Mitchell.



Above, from DOH in Duval County, left to right: Terri Davis, Hepatitis Prevention Coordinator, and Dr. Saad Zaheer, Epidemiology/STD/Emergency Preparedness Director



Left to right: Dr. Kelli Wells, Dr. Pernessa Seele, founder and CEO of The Balm In Gilead, Inc., Pam Langford and VaShawn Mitchell

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Chronic Hepatitis B Cases in Florida Through October 2014

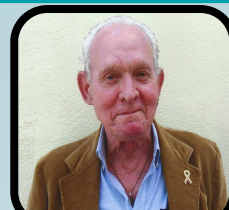
Reported Chronic Hepatitis B Cases by Year of Report									
	2000 to 2011		2012		2013		October 2014		Total
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	
TOTAL	35,234	100.0%	4,068	100.0%	4,326	100.0%	4,647	100.0%	48,275
Case Status									
Confirmed	8,142	23.1%	572	14.1%	391	9.0%	597	12.8%	9,702
Probable	10,937	31.0%	3,496	85.9%	3,935	91.0%	4,049	87.1%	22,417
Suspect	16,155	45.9%	0	0.0%	0	0.0%	1	0.0%	16,156
Gender									
Female	13,910	39.5%	1,747	42.9%	1,921	44.4%	1,996	43.0%	19,574
Male	21,157	60.0%	2,301	56.6%	2,366	54.7%	2,593	55.8%	28,417
Unknown	164	0.5%	19	0.5%	33	0.8%	51	1.1%	267
Ethnicity									
Hispanic	3,414	9.7%	222	5.5%	351	8.1%	349	7.5%	4,336
Non-Hisp	18,573	52.7%	1,088	26.7%	1,280	29.6%	1,198	25.8%	22,139
Unknown	13,222	37.5%	2,753	67.7%	2,682	62.0%	3,087	66.4%	21,744
Race									
Am Indian	72	0.2%	9	0.2%	6	0.1%	6	0.1%	93
Asian/PI	3,902	11.1%	232	5.7%	231	5.3%	251	5.4%	4,616
Black	8,162	23.2%	546	13.4%	615	14.2%	593	12.8%	9,916
Other	875	2.5%	121	3.0%	129	3.0%	76	1.6%	1,201
Unknown	11,963	34.0%	2,541	62.5%	2,487	57.5%	2,735	58.9%	19,726
White	10,249	29.1%	616	15.1%	845	19.5%	974	21.0%	12,684
Age at Diagnosis									
0-9	270	0.8%	28	0.7%	25	0.6%	23	0.5%	346
10-19	1,083	3.1%	85	2.1%	69	1.6%	70	1.5%	1,307
20-29	5,197	14.7%	505	12.4%	569	13.2%	629	13.5%	6,900
30-34	3,927	11.1%	482	11.8%	521	12.0%	570	12.3%	5,500
35-39	4,336	12.3%	484	11.9%	477	11.0%	532	11.4%	5,829
40-44	4,586	13.0%	444	10.9%	506	11.7%	492	10.6%	6,028
45-49	4,316	12.2%	446	11.0%	514	11.9%	497	10.7%	5,773
50-54	3,632	10.3%	423	10.4%	448	10.4%	494	10.6%	4,997
55+	7,874	22.3%	1,167	28.7%	1,191	27.5%	1,299	28.0%	11,531

Note: This report is produced monthly by the Hepatitis Prevention Program. Chronic hepatitis C cases will be featured in the next issue of this newsletter.

HepatitisMain Update

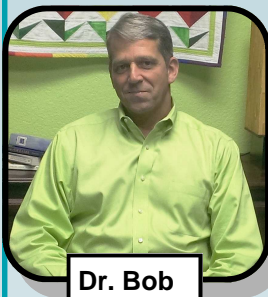
By Gordon Licata

Great news! HepatitisMain has partnered with Dr. Bob (Robert Wallace, M.D.) and Love the Golden Rule to provide education, resources and treatment for people in the Tampa Bay area who have been diagnosed with viral hepatitis.



Gordon Licata

We had an amazing week recently with a free testing event. Over a three-day span, we drew blood on 92 people in shelters and were able to provide free viral load tests. As of December 4, 2014, Dr. Bob has started ten people on treatment for hepatitis C.



Dr. Bob

HepatitisMain and Love the Golden Rule are both located at 721 Dr. Martin Luther King, Jr., Street South in St. Petersburg, Florida. For more information, visit HepatitisMain.com, 727-228-1670 and lovethethegoldenrule.com, 727-228-1650.

Editor's Note: Both of these organizations are made up of **volunteers** with several years of experience in the field of hepatitis.



National Night Out in Sanford

By Enid Santiago-Cruz

On Tuesday, October 7, DOH in Seminole County joined over 37 million people in 16,124 communities worldwide to celebrate America's National Night Out Against Crime. A huge festival was held at Fort Mellon Park in downtown Sanford. All areas of the health department provided educational information that included hepatitis, WIC, Tobacco-Free Florida, TB, Refugee Health and Epidemiology. Also, the Minority Health Task Force screened people for diabetes.

According to National Association of Town Watch at <http://natw.org>, the introduction of National Night Out in 1984 began an effort to promote involvement in crime prevention activities, police-community partnerships and neighborhood camaraderie and to send a message to criminals letting them know that neighborhoods are organized and fighting back.



Left to right: Ivette Falbo, Ileana Rosa Alvarez, Noemi Torres-Ramirez (blonde head behind the women in sunglasses), Patricia Mondragon, Melanie Sanchez, Jan Poindexter (tie dye shirt), Diana Ruiz, Enid Santiago-Cruz, Millie Murillo, Gladys Fernando and Conner Bridge

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NASTAD Meeting

by Phil Reichert



The National Association of State and Territorial AIDS Directors (NASTAD) hosted a technical assistance meeting for the viral hepatitis prevention coordinators (VHPC) in Washington, DC, October 20-22. Although not an annual occurrence, this is the fourth such meeting held by NASTAD since 2008.

The purpose of this meeting was to provide updated information on viral hepatitis prevention, testing, treatment and other related issues. The meeting afforded the opportunity to share information among the VHPCs from across the United States.

Julie Schofield, Executive Director of NASTAD, opened the meeting and talked about the agency's advocacy for viral hepatitis issues that are common to the VHPCs. The deputy executive director, Murray Penner, related how there needs to be a continuum of care for people with hepatitis C, much like the one that exists for people with HIV/AIDS. Murray stated that, although there was no federal funding to do so, over 125,000 hepatitis C screening tests were performed in health departments in the U.S. in 2013. Of those tests, 14 percent yielded a positive result, which proved a good targeting of the infected population. Penner also spoke about the success of the new and upcoming treatments for hepatitis C, and that we need to provide better access to treatment.

Ann Brenner, the VHPC for the state of Washington, said that there are many tools available for diagnosing, managing and treating individuals for hepatitis C, but that a "one size fits all" approach does not work with viral hepatitis. "Challenges," Brenner stated, "are the need for affordability of treatment and access to services." She added that we must "leverage our partners," and went on to name HIV, STD and other programs with which we should all have a collaborative relationship.

Daniel Raymond, the Policy Director for the Harm Reduction Coalition, talked about the need for prevention programs that impact injecting drug users. This population is particularly prone to hepatitis C infection. He stated injecting drug users are not concerned about the consequences of their behavior or how that behavior might affect them 10 or 20 years down the road.

Shannon Mason, who works with the New York Hepatitis Technical Assistance Center, talked about populations served by federally qualified health centers (FQHC). Last year, FQHCs provided services to over 21 million Americans. These centers are located in underserved areas and provide primary health care services. No patients are refused services, and fees are based on ability to pay. FQHCs usually offer hepatitis B and C screening.

Dr. John Ward, Director of the Division of Viral Hepatitis at CDC, said that a recent publication showed that although someone may have been fully vaccinated for hepatitis B 20 years ago, their blood may not show immunity to the disease. This does not mean they are still not protected from getting infected if they are exposed to hepatitis B. There are no current recommendations for a booster vaccine in people who were adequately vaccinated two decades ago.

In an effort to show that viral hepatitis prevention programs need increased resources, Dan Church, VHPC for the state of Massachusetts, said there are more than three times the number of acute and chronic hepatitis C cases than HIV cases reported in his state each year. Additionally, hepatitis C deaths have increased during the past several years, while HIV-related deaths are down. Church's colleague, Liisa Randall, the Director of Health Care Planning, added in a separate presentation, "(i)n 2002, in Massachusetts, hepatitis C was mostly a disease of people in their thirties through their fifties. In 2013, there was a spike in cases in people in their twenties and another spike of those in their forties to sixties."

Continued on page 9

NASTAD Meeting Continued...

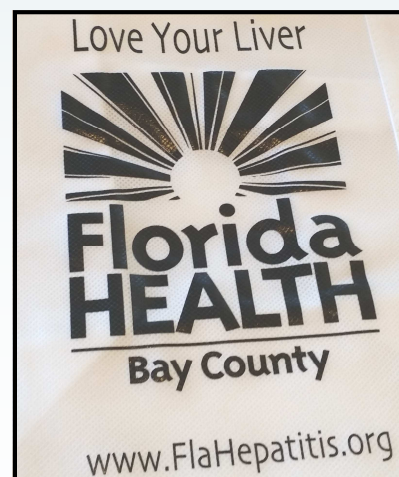
This shows, according to Randall and Church, that hepatitis C is increasingly becoming a problem in a younger population. Randall suggested going to the Health Resources and Services Administration website to look at primary health care information as it relates to viral hepatitis.

Finally, Dr. Ron Valdeserri, Deputy Secretary for the Department of Health and Human Services (HHS) talked about the “revolution in hepatitis C therapy.” With all the new medications now available and the upcoming all-oral therapy (the all-oral Harvoni, which combines two drugs into a once-a-day pill, was approved by the FDA days after the NASTAD meeting), there is nearly a 100 percent chance of successful treatment for hepatitis C. This is compared to a barely 50 percent success rate only five years ago (see the article on page 2 of this newsletter regarding hepatitis C treatment history). Dr. Valdeserri also talked about the updated HHS hepatitis action plan, originally released in 2011. To read more about the HHS viral hepatitis action plan, go to: <http://www.hhs.gov/ash/initiatives/hepatitis/>.

For more information on NASTAD's viral hepatitis prevention efforts, visit their website at: http://www.nastad.org/viral_hepatitis/default.aspx.



The viral hepatitis prevention coordinators who attended the NASTAD meeting



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